

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031005

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 4396

FILED SEP 10 1962

## 1. PLACE OF DEATH

a. COUNTY **Jackson**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Kansas City,**Length of stay in 1b  
**2 months**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **General Hospital**Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**c. CITY  
OR  
TOWN **Kansas City,**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
**5238 Montgall**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**ROSIE****GLOVER**4. DATE  
OF  
DEATH

Month

Day

Year

**AUGUST****19,****1962**

## 5. SEX

**female**

## 6. COLOR OR RACE

**Negro**7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

**2-1-97**

## 9. AGE (last birthday)

**65**

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Domestic work**10b. KIND OF BUSINESS OR INDUSTRY  
**Private family**11. BIRTHPLACE (City and state or country)  
**Washington, Ga.**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

## 13a. FATHER'S NAME

**Archie Benson**

## 13b. MOTHER'S MAIDEN NAME

**unknown**

## 14. NAME OF HUSBAND OR WIFE

**George Lee Glover**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Jimmie Glover, K. C. Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Myocardial Insufficiency**INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

**Diabetes mellitus**

## DUE TO (c)

**Arteriosclerosis.**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**Deputy Coroner**

## 22b. ADDRESS

**1618 Lydia Ave.**

## 22c. DATE SIGNED

**8/21/62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)**Burial**

## 23b. DATE

**8-25-62**

## 23c. NAME OF CEMETERY OR CREMATORY

**Highland Cemetery**

## 23d. LOCATION (City, town, or county)

**Kansas City, Missouri**

## 24. FUNERAL DIRECTOR

ADDRESS

**Mrs. Neek's Mortuary, K. C. Mo.**

## 25. DATE RECD. BY LOCAL REG.

**8-25-62**

## 26. REGISTRAR'S SIGNATURE

**Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Millard B. Paskins

Licensed Embalmer No. 5013

P. O. Address F. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.